THE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address) (City) (State)  (Address) (City) (State)  No. and Date of Order or Service or	THE UNITED STATES, Dr.,  Payee's Account No	<i>J. S.</i> co	ST REIMBUF	RSABLE						-	PAI	D BY	
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Cost	Content   Cont	THE UNITED S	TATES, Dr.,		Payee's Acc	ount No					COPY	335年 1 <sup>テ</sup> ン	
No. and Date of Date Green Por Service (City) (State ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)    Cost	Contract No.   Date of Dailvery or Service   Center descriptions (term number of contract or Federal supply Order   Cost   Per   Dollars	Го			(Payee)					-   ^		យើម ។ ១៩៩. ក្បាបន	anal .
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PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total  I certify that the above bill is correct and just and that payment has not been received.  ATOTHR (Sign original only)  Date   8/11/58 *Payer   Per   Title   Title   Title   Title    Contract No.   Payer   Title   Title   Date   Amount verified; correct for   29,187.  Contract No.   Date   Req. No. Date   Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  ATOTHR (Sign original only)  Date 8/11/58 *Pavee   Per		Date of Delivery or Service	sch	escription, item nu ledule, and other in	mber of contrac	ct or Federal su	ipply	QUANTITY	Cost	Per	Dollars	C
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